UNITED STATES DISTRICT COURT

for the

Middle District of Tennessee

JAMES E. HYMAN)
Plaintiff)
V.) Civil Action No. 3:22-cv-01081
YESCARE CORP., et al.)
Defendant	j

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) VALITAS INTERMEDIATE HOLDINGS, INC.
THE CORPORATION TRUST COMPANY
CORPORATION TRUST CENTER
1209 ORANGE ST
WILMINGTON, DE 19801

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney,

whose name and address are:

Kay Griffin, PLLC c/o Michael A. Johnson 222 Second Ave. N., Ste. 340-M Nashville, TN 37201

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date:

1/17/2023

All DISTRICT OF TENTHS

CLERK OF COURT

Signature of Clerk or Deputy Clerk

RETURN COPY

Civil Action No.

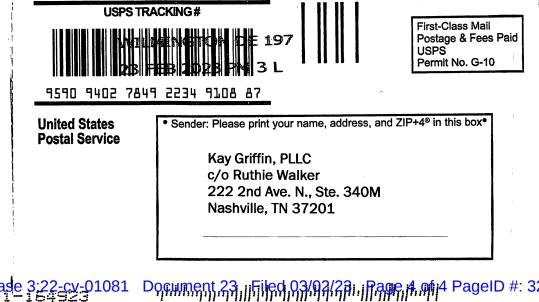
PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

	I personally served to listed acldue.	the summons on the individual a	on (date) 2.21.23	or Proof
	☐ I left the summons a	t the individual's residence or u		
	on (date)		of suitable age and discretion who reside the individual's last known address; or	es there,
	☐ I served the summon designated by law to ac	ns on <i>(name of individual)</i> ccept service of process on beha	lf of (name of organization)	, who is
			on (date)	; or
	☐ I returned the summ	ons unexecuted because		; or
	☐ Other (specify):			
	☐ Other (specify): My fees are \$	for travel and \$	for services, for a total of \$	0.00
	My fees are \$	for travel and \$ of perjury that this information		0.00
Date:	My fees are \$	of perjury that this information		0.00

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. A. Signature RECEIVL Print your name and address on the reverse ☐ Agent so that we can return the card to you. ☐ Addressee B. Received by The Name 1 Attach this card to the back of the mailpiece, C. Date of Delivery or on the front if space permits. 1. Article Addressed to: D. Is delivery and as the entrology for If YES, enter delivery address below ☐ Yes Intermediate Holding, Inc. The Corporation Trust Companion pration Trust Centra Service Type ☐ Priority Mail Express® ☐ Adult Signature □ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted ☐ Certified Mail® Delivery 9590 9402 7849 2234 9108 87 Certified Mail Restricted Delivery □ Signature Confirmation™ ☐ Collect on Delivery signature Confirmation 2. Article Number (Transfer from service label) ☐ Collect on Delivery Restricted Delivery Restricted Delivery Insured Mail Restricted Delivery 3 of 4 PageID over \$500) PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt



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